



WOCTEP, a program under the Education Department of the Little Traverse Bay Bands of Odawa Indians, offers career-based and Technical Education Opportunities in partnership with North Central Michigan College.

## File Checklist for Student Assistance

STUDENT: \_\_\_\_\_

### WOCTEP FORMS (to be maintained in student's financial assistance file):

- \_\_\_\_\_ Student Assistance Payment Form (included in this packet)
- \_\_\_\_\_ Income Verification Form (included in this packet)
- \_\_\_\_\_ Zero Income Form (included in this packet)
- \_\_\_\_\_ Photocopy of Social Security Card (for new applicants)
- \_\_\_\_\_ Copy of SAR (Student Aid Report) from FAFSA [www.fafsa.ed.gov](http://www.fafsa.ed.gov)  
(We do not accept the confirmation page or an incomplete SAR)
- \_\_\_\_\_ Please include a copy of your current or upcoming NCMC schedule.



WOCTEP is made possible through a US Department of Education NACTEP grant. Federal funds provide 83% (\$386,424) of project costs. Non-federal funds provide 17%, (\$77,579) of total project costs. Total costs to operate WOCTEP are \$464,003.

# **Waganakising Odawa Career and Technical Education Program Student Assistance Payments**

## **Introduction**

The Waganakising Odawa Career and Technical Education Program (WOCTEP) is funded through a grant from the Native American Career and Technical Education Program (NACTEP), which is administered by the United States Department of Education. The WOCTEP itself is operated by the Little Traverse Bay Bands of Odawa Indians and credit is offered through North Central Michigan College (NCMC).

The NACTEP grant allows for assistance payments to students under certain conditions. This document is a summary of the student-assistance portion of the NACTEP grant. Questions may be directed to Tina Dominic, Project Director, (231) 242-1489.

## **General Qualifications for Assistance**

- ✓ You must maintain a minimum, cumulative grade point average (GPA) of 2.00 for all WOCTEP courses.
- ✓ You must maintain adequate attendance in all WOCTEP courses. Assistance payments will be suspended if attendance requirements are not met. Payments will be resumed after missed periods are made up.
- ✓ You must agree to and abide by all published requirements of NCMC and WOCTEP.
- ✓ Your successful participation in WOCTEP must depend, in part, on the receipt of these direct assistance payments.

## **Types of Assistance Available**

- ✓ **Stipend** for attending WOCTEP class and clinical sessions—the current stipend amount is \$8.25 for each hour of attendance.
- ✓ **Transportation assistance** for attending WOCTEP class and clinical sessions—the current mileage rate is \$0.56, paid on a round-trip basis.
- ✓ **Day-care assistance** for the time spent attending WOCTEP class and clinical sessions—the current rate is \$2.50 per class/lab hour for each child placed in daycare. A \$2.50 flat payment is added to cover transportation time.

## **Specific Qualifications for Assistance**

- ✓ **Stipend**
  1. Students must complete an **Income Verification Form** and submit a **SAR**. In order to qualify for a stipend, the student and all members of the student's family residing at the same address must demonstrate "an acute economic need". Please see the WOCTEP Project Director for information about the actual income guidelines.
  2. Students must record In and Out times on a class attendance sheet on the day class or lab is attended. No payment will be made if accurate In and Out times are not recorded on the day of attendance.
  3. By participation in the Student Assistance Payment program, students agree to the monitoring of their class time by WOCTEP or NCMC instructors.

## **Waganakising Odawa Career and Technical Education Program Student Assistance Payments**

### ✓ **Transportation assistance**

1. Students must **record actual, round-trip mileage** on a class attendance sheet on the day class is attended. No credit will be received for sheets filled out after the end of each class session. **If you have more than one class per day, be careful that you do not count the same miles for each class.**

Students must also **record In/Out times** on a class attendance sheet on the day class is attended.

2. **Only one student may claim mileage** in the event that students ride together.
3. **Mileage to/from home cannot be claimed when class time overlaps with or is adjacent to scheduled work hours.**
4. Students must not be eligible for transportation payments under any other assistance program.

### ✓ **Day-care assistance**

1. **Only one student may claim day-care** assistance in the event that more than one parent or guardian is taking the same WOCTEP course.
2. The **care-provider may not be the child's parent or legal guardian.**
3. Students must **fully complete the attendance sheet** and turn it in no more than 3 class days following the end of each two-week cycle. The student must **attach copies of day-care receipts from each day-care provider** showing the name of each child, the dates and times of care, and the name, address, and phone number of the day-care provider.
4. Students must not be eligible for day-care payments under any other assistance program.

## **Payment**

- ✓ Students on stipend and mileage will be paid every 2 weeks.

## **Student Acknowledgement**

I understand and agree to abide by all terms listed herein. **I also authorize the WOCTEP program to obtain information from my employer(s) for the purpose of verifying my compliance with these terms. This information may include (but is not limited to) rate of pay and work schedule.**

\_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**You will receive a photocopy of this form for your records**

# Waganakising Odawa Career and Technical Education Program Income Verification Form

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Number of Adults (18 & Older) in Family Household: \_\_\_\_\_

Number of Children (17 & Younger) in Family Household: \_\_\_\_\_

## **Table 1- Current Monthly & Weekly Income**

List all Sources of Income for all household family members. Include income from non-taxable sources, (child support, FIP/FIA, workers' comp, SSI, etc.). Do not include capital gains and non-cash government benefits, (public housing, Medicaid, food stamps, etc.) Multiply weekly amounts by 4.33 to obtain monthly amount.

Income Type/Source	Monthly Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Current Monthly Income	_____

## **Table 2 – Estimated Annual Income**

List all family income that is received less frequently than monthly.

Income Type/Source	Annual Amount
_____	_____
_____	_____
_____	_____
_____	_____
Total Monthly Income (from Table 1) x 12 months	_____
Estimated Annual Income	_____

- ☐ Check if you receive mileage allowance from another source (e.g., FIA/DHS, MiWorks!, Women's Resource Center, etc.)
- ☐ Check if you receive childcare assistance from another source (e.g., FIA/DHS, MiWorks!, Women's Resource Center, etc.)
- ☐ Check if you are requesting childcare assistance; please provide a denial letter from FIA/DHS or LTBB Human Services.

I authorize the WOCTEP program to obtain information from my employer(s), MiWorks!, Women's Resource Center, FIA/DHS, NCMC or other organization(s) for the purpose of verifying the information contained herein. This information may include (but is not limited to) rate of pay, work schedule, financial aid awards, mileage and/or childcare assistance.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Waganakising Odawa Career and Technical Education Program**  
**"ZERO" INCOME VERIFICATION FORM**

On your application, if you indicated that you or a member of your household has no income, please check that which applies:

- ☐ My situation has not changed. I am still claiming no income.
- ☐ Yes, my situation has changed.  
Please explain \_\_\_\_\_  
\_\_\_\_\_
- ☐ I have obtained employment.  
Please list employer, telephone number and start date:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ I have worked odd jobs for cash.  
Please list:  
Source(s) \_\_\_\_\_  
Amount(s) \_\_\_\_\_

Please answer the following:

If you have utility bills, how do you pay for them?

\_\_\_\_\_  
\_\_\_\_\_

How do you pay your rent/mortgage?

\_\_\_\_\_  
\_\_\_\_\_

◆ I hereby certify that the information provided above is true and correct to the best of my knowledge.

◆ I understand that providing false or incorrect information to obtain benefits could result in action taken to collect repayment of funds and could deem my household and me ineligible for other programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date